

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15734**
 Registrar's No. **2145**

48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>2145</u>
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>60 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>48</u> <u>81</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5510 VIRGINIA AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>5510 VIRGINIA AVENUE</u> <u>3</u>		
3. NAME OF DECEASED a. (First) <u>ANNA</u>		b. (Middle) <u>SWEET</u>	c. (Last) <u>BAYLESS</u>	
4. DATE OF DEATH (Month) <u>May</u> (Day) <u>15</u> (Year) <u>1949</u>		5. SEX <u>FEMALE</u>		
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 6 - 1878</u>
9. AGE (In years last birthday) <u>71 YRS.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>
11. BIRTHPLACE (State or foreign country) <u>NATCHEZ, MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Arrighi, Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>anna diana O'Farrell</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE W. BAYLESS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maurice Bayless</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause Coronary Arteriosclerosis 5 yrs</u> ANTECEDENT CAUSES: <u>Coronary Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <u>Hypertensive Heart Disease 1201</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>11-2-43</u> to <u>5-15-49</u> , that I last saw the deceased alive on <u>5-14, 1949</u> and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Harold Passman</u>		23b. ADDRESS <u>1116 Prof. Bldg.</u>		23c. DATE SIGNED <u>5/16/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>
24d. LOCATION (City, town, or county) (State) <u>S. C. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>1931 BRUSH CREEK BLVD KANSAS CITY, Mo</u>
DATE REC'D BY LOCAL REG. <u>5-17-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.